



Chinese Medicine Council  
of New Zealand  
新西兰中医管理局

# Annual Report



2025



# Chinese Medicine Council of New Zealand Annual Report 2025

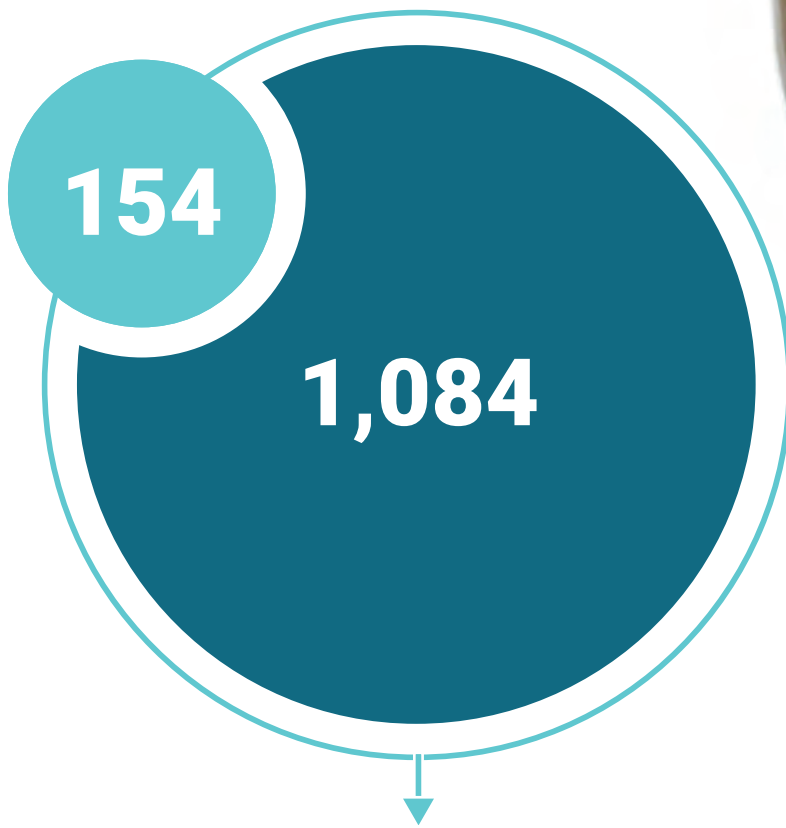
For the Year Ending 31 March

Building greater trust and confidence in Chinese medicine as a safe, valid, and integral part of the Aotearoa New Zealand healthcare system.

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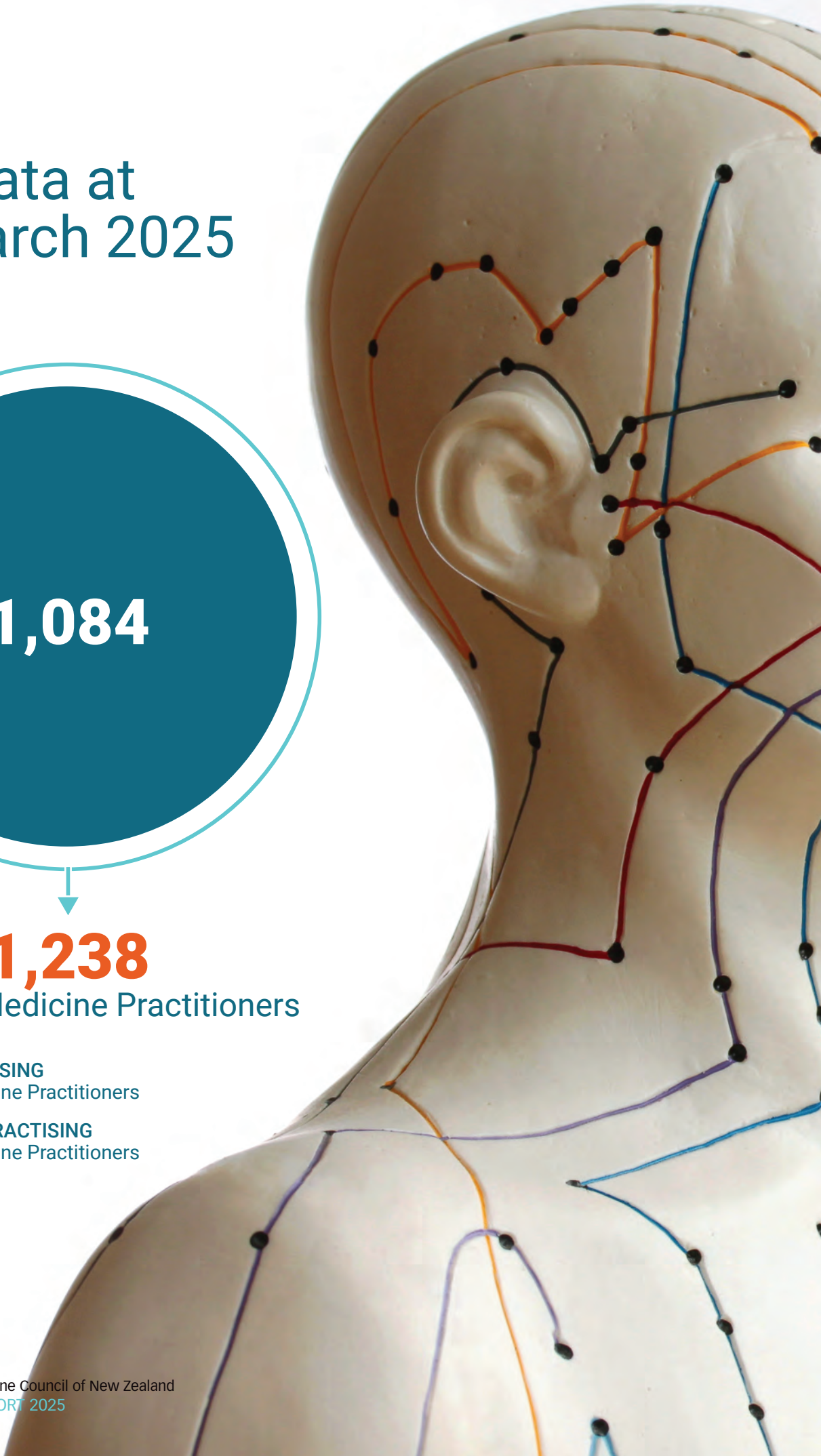
# Key data at 31 March 2025



**1,238**

Chinese Medicine Practitioners

-  **TOTAL PRACTISING**  
Chinese Medicine Practitioners
-  **TOTAL NON-PRACTISING**  
Chinese Medicine Practitioners





# Duties and functions

The Council's work is guided by the Health Practitioners Competence Assurance Act 2003 (the HPCA Act), our scopes of practice, and our standards of clinical competence, cultural competence and safety, and professional conduct.

Duties and functions as set out in the section 118 of the HPCA Act:

- To prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes:
- To authorise the registration of health practitioners under this Act, and to maintain registers:
- To consider applications for annual practising certificates:
- To review and promote the competence of health practitioners:
- To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners:
- To receive information from any person about the practice, conduct, or competence of health practitioners, and, if it is appropriate to do so, act on that information:
- To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public:
- To consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession:
- To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession:
- To liaise with other authorities appointed under this Act on matters of common interest:
- To promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services:
- To promote education and training in the profession
- To promote public awareness of the responsibilities of the authority:
- To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment.



## Chair's foreword

### **Tēnā koutou katoa,**


The time has flown since the Chinese Medicine Council first met in July 2022. At that first meeting the amount of work ahead of us was somewhat daunting but we collectively put our heads down and got on with it. The combined skills, knowledge, passion and determination of every member of the Council, strongly supported by our secretariat, has ensured that we have made enormous progress since that first meeting.

As we look forward, we can be confident that a strong foundation has been built to ensure that we are keeping to our vision of providing safe, effective, evidence-informed care, and thus contributing to greater health outcomes for all New Zealanders.

The 'Grandparenting' pathway was implemented to ensure that all those practitioners who were currently practising in New Zealand had a streamlined route through to registration. This pathway ended in June 2024. There has, however, continued to be a steady number of applications via the other pathways so the number of registered practitioners has exceeded our expectations. This in turn has led to the very welcome outcome of the Council being able to reduce the 2025-2026 fees for everyone's Annual Practising Certificates (APCs). The amendment to the ACC regulations, with ACC now recognising the Council's APC has also had a positive impact for practitioners.

With registration of most of the practitioners behind us as well as much of the required documentation in place, the Council was able to start looking at how best to ensure that consumers are more aware of who we are, and what Chinese medicine is and how it can contribute to their wellbeing.

A full day of Strategic Planning in June 2024 provided us with a clear outline of what the Council's priorities need to be over the



months and years ahead. It is pleasing to see that several of those goals have already been achieved.

Continuing Professional Development (CPD) is an extremely important part of ensuring that practitioners are keeping their knowledge and skills sharply honed and that the service they are providing is safe, current and evidence-informed. A priority for the Council was to develop and implement a practitioner portal where CPD could easily be logged throughout the year. Comments and suggestions from practitioners have been very welcome and the portal will continue to be improved and refined.

In keeping with the Council's strategic plan, engagement with tangata whenua and in particular our Māori practitioners was a focus over the past year. A hui held in November 2024 enabled the voices of our Māori practitioners to be heard and provided the Council with a clearer direction for the future. The Council continues to be committed to the principles of Te Tiriti o Waitangi and to recognising diversity, equity and inclusion in all areas of our work.

It has been another busy year, and I would like to take the opportunity to thank all the Council members as well as our wonderful team in the Wellington office for all their hard work.

I would also like to acknowledge those external to the Council who have worked with us on specific tasks and projects over the course of the year – personnel from the professional associations, teaching institutions, external committee members, supervisors and mentors. A special mention to the Finance team of the Nursing Council who have so competently looked after the financial aspect of running the Council. Together, everyone has played an important role in the growth and development of the Chinese Medicine Council and helped to ensure that our practitioners are practising safely, competently and with integrity.

**Nāku noa, nā**

**Paddy McBride**  
Chair



# Registrar's foreword

**Tēnā koutou katoa,**  
I'm proud of what the secretariat has achieved in the year to 31 March 2025. Our focus was on the shift from on-boarding the profession and setting up the Register and systems, policies, and processes to support it, to engaging with practitioners, stakeholders and the public on what will be our new day-to-day, regulation. It has been a real 'getting to know you' year, and we've appreciated everyone's patience and willingness to work with this during this period of establishment.

A huge part of this year has been spent on wrapping up the Council's transitional 'grandparenting' pathway and supporting the final few practitioners already practising in NZ to register, and developing and launching the Council's online continuing professional development (CPD) portal. This portal enables practitioners to log their CPD each year, including their self-reflections on key learnings and implementation of changes/improvements to their practice. They can see where their CPD is at, at any time, and know how much more they need to do to meet the programme requirements.

Initial portal feedback has been great and we'll be building on this and making system improvements in 2025-26. Ongoing education is such a huge part of assuring the public that the profession remain fit and competent to practise, and we're already noticing some trends in complaints that the Council can support the profession in with proactive education, which is what it's all about.

Another key focus area has been accreditation. We've worked closely with the two main providers of Chinese medicine education to submit their accreditation applications and recruited and trained accreditation committee members to assist the Council with this important work. We look forward to seeing this come to fruition in the next year.

The work the secretariat does is greatly supported by the Council members, external committee members, and the staff at the Nursing Council who provide back-office services to the secretariat. We sincerely thank these colleagues for their contributions during the year and look forward to continuing to work together in the coming year.

**Ngā mihi nui,**

Lindsey Pine  
Registrar/General Manager

# Council members

Members are appointed to Council by the Minister of Health for an initial term and can be reappointed for subsequent three-year terms. After three, three-year terms a member must step down.

The following were Council members as at 31 March 2025.

Name	Appointment as	Date of original appointment	Term	Term Ends
<b>Paddy McBride</b>	Health practitioner member	20 May 2022	2024	2027 (3 years)
<b>Xudong (Susan) Zhu</b>	Lay person member	20 May 2022	2022	2025 (3 years)
<b>Joan Campbell</b>	Health practitioner member	20 May 2022	2022	2025 (3 years)
<b>Ming-chun Wu</b>	Lay person member	20 May 2022	2024	2026 (2 years)
<b>Margaret Steel</b>	Lay person member	20 May 2022	2024	2027 (3 years)
<b>Brenda (Mana) Fleming</b>	Health practitioner member	20 May 2022	2024	2027 (3 years)
<b>Lizhou Liu</b>	Health practitioner member	20 May 2022	2025	2028 (3 years)
<b>Trudi Collins</b>	Health practitioner member	20 May 2022	2024	2026 (2 years)

As at 31 March 2025, there was one vacant position on the Council due to the resignation of one of the Council's lay person members shortly before year end.



**Paddy McBride (Chair)**  
MHSci (TCM), Grad Dip  
Clinical Acupuncture,  
Dip Ap Sci (Acupuncture)  
Post Grad Cert  
Professional Supervision

Paddy has been a practitioner of Chinese Medicine for more than 30 years. After completing her Masters at the University of Technology, Sydney (UTS) in 2002, Paddy returned to her hometown of Nelson to set up in clinical practice. After many years of working in multi-disciplinary clinics in both Australia and New Zealand, Paddy now works solo in her own practice, Acupuncture Richmond.

Paddy was the President of Acupuncture NZ for eight years from 2007-2015 and Vice President of the World Federation of Acupuncture Societies from 2009-2016. She returned to the Acupuncture NZ Council from 2019-21 in the role of Member Representative. Paddy has been long involved with the process of bringing Chinese Medicine through to registration under the HPCA Act and has been a member of various working groups over the last two decades. Her broad understanding of the profession both locally and internationally has been of considerable value in the setting up of the new Chinese Medicine Council of New Zealand.



**Ming-chun Wu  
(Deputy Chair)**

Ms Wu whakapapa to Taiwan works as a public sector consultant, specialising in strategy

development and stakeholder management. She is a lay member and the Chair of the Finance and Risk Committee on the Chinese Medicine Council.

Ms Wu is also a Board Member of the Medical Council of NZ, the Chair for Pharmacy Council of New Zealand; Board Member of the Plumbers, Gasfitters and Drainlayers Board; Independent Chair of TechCollect NZ Limited; Board Trustee of the Wellington Community Fund, and Director of the Network for Learning Limited.



### **Joan Campbell**

**RGON; MB; ChB; Dip Obst;  
MSc (Hons Psych); BHB;  
Clin Acup Cert (Nanjing,  
China); PG Dip (Traditional  
Chinese Acupuncture);  
PhD in Medicine**

Dr Joan Campbell, New Zealand Pakeha, is a registered nurse, medical doctor, GP obstetrician, psychologist, published author, and adult educator, with 40 years' experience as a Chinese Medicine practitioner. In 1975, in a clinic in Guangzhou (China) she fell in love with Chinese Medicine (CM). In 1993, with Dr Diana Nash, they taught the first New Zealand Qualifications Authority (NZQA) accredited CM acupuncture programme in NZ. Since then, she has taught at the Auckland University of Technology, Nanjing University of CM, NZ College of Chinese Medicine and the South Pacific College of Natural Medicine.

Joan has used her expertise to contribute to the profession's development in New Zealand, working with NZQA and the profession to create acupuncture unit standards and develop the National Diploma in Acupuncture (1990-1996); its revision (2003-2005); the subsequent development of university degree courses in CM majoring in acupuncture; and In 2025 co-founder of the Chinese Medicine Institute of New Zealand.

An NZQA qualified assessor and moderator, she has extensive academic and research qualifications and In 2020 graduated with a PhD in Medicine, entitled "Barriers to health system change in New Zealand"; which analysed governance structures across the institutional components of the health system. She is currently undertaking a further PhD at the Nanjing University of Chinese Medicine, China.

Joan has broad experience in governance and regulation- as former President of the Medical Acupuncture Society of New Zealand Inc. and NZ representative at WHO and international CM meetings; founder and former Chair of the New Zealand Acupuncture Standards Authority Inc, incorporated in 2000 - a voluntary regulator, registering competent acupuncturists. Until 2021, she was a member of the HPCA Act Working Group, that worked with government during the regulatory process. In June 2022, she was appointed as a practitioner member to the Chinese Medicine Council New Zealand, by the associate Minister of Health. Joan works part time integrating western and Chinese medicine, and lives on a 10-acre block at Muriwai, north-west of Auckland, with her husband Graeme and cat Mindy.



### **Xudong (Susan) Zhu**

Susan Zhu is a legal professional with a background in community and business relations.

She has nearly twenty years of governance experience in the corporate and community environment.

Susan is an elected member of the Whau Local Board, Auckland Council since 2013, and she also served on several advisory boards.

Susan practices in commercial law, family law and dispute resolution. She has also developed expertise in organizational strategic development in the public and private sectors.

Susan is committed to bring the diverse perspectives to the public and private boards to ensure that the best governance practice that reflects the diverse population of New Zealand.



**Margaret Steel**  
Margaret Steel BSc,  
Dip Tchg

Margaret has an extensive background in professional regulation, having worked in the sector since the early 2000s until her retirement in April 2021. She held senior leadership roles at several regulatory authorities, including the Real Estate Authority, the Law Society, and the Dental Council. Most recently, she served as Registrar for both the Medical Sciences Council and the Medical Radiation Technologists Board.

With many years of experience working under the Health Practitioners Competence Assurance Act 2003, Margaret has a practical understanding of its principles and purpose.

Now based in North Canterbury, Margaret volunteers at the local Citizens' Advice Bureau and serves as a Board member. Along with her husband, she spends time planting and caring for native trees on their lifestyle block.



**Mana Fleming**  
After many years of working with people both individually and in groups, Mana has discovered the joy of witnessing

empowerment when we claim our own body, mind, spirit and our own vital lives. Over the years, she has worked in the areas of community development, youth at risk, addictions counselling, sport and recreation, group fitness and Chinese Medicine.

With the things she has learned in theory and in practice, her aim is to help create a simple and straightforward passage into the regulation of Chinese Medicine in Aotearoa/ New Zealand.



**Lizhou Liu**  
Dr Lizhou Liu is a health practitioner member of the Chinese Medicine Council of New Zealand. Lizhou completed her Chinese

medicine training in China and received a PhD in Health Sciences from the University of Otago. After her PhD, she has been working as an academic in the New Zealand education and research sector. Currently, she is working as a Research Advisor in Te Whatu Ora – Health New Zealand Waitaha Canterbury, as well as a Research Manager at the University of Canterbury.



**Trudi Collins**  
Introducing Trudi Collins, a practising acupuncturist and herbalist. After spending some years working in corporate Auckland, Trudi

chose to pursue her life-long love of health and well-being by undertaking study at the New Zealand School of Acupuncture and Traditional Chinese Medicine. Completing four years of full-time study encompassing Acupuncture, Chinese Herbal Medicine and Tuina, Trudi graduated in 2002 and moved to Hawkes Bay where she continues to work in a thriving practise. In the intervening years, alongside maintaining a busy clinic, Trudi has been involved at the national level with a board position at Acupuncture New Zealand, assisting in the transition from New Zealand Register of Acupuncturists, long term strategic planning and conference organisation.

With her husband, she is an owner and Director of Somo Gardens, operating garden centres within Hawke's Bay, particularly involved in the marketing and communications functions. A mother of three, Trudi also volunteers with Giant's Boxing as a boxing coach and mentor to teenage girls.

# Meeting schedule

Agendas and supporting papers are prepared for each meeting the Council holds, and formal minutes record the proceedings of each meeting.

A quorum of five members, which includes at least one layperson, is required for all decisions passed.

All members are required during meetings to declare any conflict of interest with agenda items.

Six meetings were held between 1 April 2024 and 31 March 2025:



- 30 April 2024 (in-person)
- 18 June 2024 (in-person)
- 27 August 2024 (in-person)
- 22 October 2024 (in-person)
- 3 December 2024 (in-person)
- 18 February 2025 (in-person)



# Attendance of in-person meetings by members

Attendance of in-person meetings by members

Member	Apr 2024	Jun 2024	Aug 2024	Oct 2024	Dec 2024	Feb 2025
Paddy McBride	✓	✓	✓	✓	X	✓
Joan Campbell	✓	✓	✓	✓	✓	✓
Trudi Collins	✓	✓	✓	✓	✓	✓
Ming-chun Wu	✓	✓	✓	✓	X	✓
Margaret Steel	✓	✓	✓	✓	✓	✓
Lizhou Liu	✓	✓	✓	✓	✓	✓
Mana Fleming	✓	✓	✓	✓	✓	✓
Susan Zhu	X	✓	X	✓	X	X <i>(except for item 1)</i>
Adrienne Wing	X	X	X	✓ <i>(for some items only)</i>	X	X

✓ = Yes, Attended, X = No, Did not attend



# Member professional fees

Fees are paid to Council members for work undertaken on behalf of the Council.

Council members are remunerated for their work at the following rates:

- Chair**                    \$107.25 per hour / \$858 per day
- Deputy Chair**        \$97.25 per hour / \$778 per day
- Member**                \$86.00 per hour / \$688 per day

Name	Fees paid 2024/25	Fees paid 2023/24
Paddy McBride	\$16,515	\$15,248
Xudong (Susan) Zhu	\$2,666	\$2,199
Joan Campbell	\$12,146	\$12,679
Ming-chun Wu	\$9,906	\$9,340
Margaret Steel	\$11,472	\$12,621
Mana Fleming	\$7,549	\$5,048
Lizhou Liu	\$9,849	\$11,163
Trudi Collins	\$10,942	\$10,901
Adrienne Wing	\$1,505	\$2,580

Fees paid to Council members for attending Council, committee, and working party meetings, as well as participating in other forums and providing input on specific projects. These fees paid exclude expenses, are gross income before GST, and include resident withholding tax paid to Inland Revenue on the members' behalf.

# Council committees and advisors

The Council has the following sub-committees to support the work of the Council:

## **Finance and Audit Committee:**

- This committee advises the Council on matters relating to the financial operation and annual audit of the Council, within agreed limits.

## **Registration Committee:**

- This committee advises the Council on matters relating to the registration of Chinese medicine practitioners in accordance with Part 2 of the HPCA Act.

## **Communications Committee:**

- This committee advises the Council on matters relating to communication and engagement.

Committee work is undertaken via email and using Microsoft Teams. Some committees have delegated decision-making powers, and all provide regular update reports to the Registrar for periodic dissemination to the Council.

The Council continues to receive advice from its employed professional advisor, Kate Roberts, in carrying out its core functions and duties.

The Council formally contracts external professional conduct committee (PCC), competence review committee (CRC), and accreditation committee members to support the Council with these aspects of its work.

# Managing the Register of Chinese Medicine Practitioners

The Council registers Chinese medicine practitioners who meet the required standards, maintains the New Zealand Register of Chinese medicine practitioners, and issues annual practising certificates (APCs).

Every Chinese medicine practitioner working in New Zealand must be registered and hold a current APC. This informs the public that the Chinese medicine practitioner is competent and fit to practise.

The Council opened registration of Chinese medicine practitioners on the 21st of July 2023. Applications came in steadily over the year and by 31 March, the Council had grown the register to 1,238 Chinese medicine practitioners.

The Council maintains a searchable public register that includes a Chinese medicine practitioner's legal name, preferred name, registration number, Health Practitioner Index (HPI) number, registration date, practising status and APC expiry date, scope/s of practice held, practice address (optional), languages other than English spoken, registered qualification/s, and any applicable conditions.

The public register is available for viewing on the Council's website located at [www.chinesemedicinecouncil.org.nz](http://www.chinesemedicinecouncil.org.nz).

# Chinese Medicine Council achievements

With the closing of the transitional 'Grandparenting' pathway to registration in June 2024, this marked the conclusion of the onboarding of the bulk of the profession to the public register.

The Council is very happy with how the transition went, including the higher-than-expected number of practitioners who have registered to date, which will mean the costs of regulation can be shared across a greater number of practitioners.

The Council has now moved its mindset from establishment to regulation. The whole profession is now working to one set of clinical, cultural and ethical standards, the public Register provides consumers with up-to-date information on the status and qualifications of their practitioners, all are participating in recertification to maintain those standards, and there is now greater accountability, in the form of the Council, for consumers when care is provided that falls short of the expected, safe standard.

The Council has been meeting and working closely with relevant stakeholders such as the professional bodies, ACC, the HDC, NZQA, and its fellow health regulators on matters of common interest, in line with its strategic plan. There has been a steep hill to climb in terms of getting word out to the sector about the regulation of Chinese medicine, but the Council has employed various information campaigns, both direct and indirect, to get the message across. Slowly but surely, the Council is seeing the fruits of this labour in terms of greater engagement with the Council, and inclusion of the Council in relevant consultations and forums.

Two key changes to legislation during the year contributed to greater recognition of Chinese medicine and improved access to care:

- Accident Compensation Corporation (ACC) regulation amendments, recognising Chinese medicine practitioners/ acupuncturists as registered health practitioners like their fellow colleagues under the HPCA Act, and the Council as their appointed regulator; and
- Changes to New Zealand's Veterans' Support Regulations 2014 now include Chinese medicine practitioners as a recognized treatment provider, following the official regulation of the Chinese medicine profession in 2023. To be eligible for treatment funding, a Chinese medicine practitioner must be registered with the Chinese Medicine Council of New Zealand and hold a current practicing certificate.

The Council made submissions on both key legislative changes and is very happy to see patients and veterans now able to access greater care.

The Council developed and approved a Policy on Financial Reserves, Policy on Investments, and Policy on Sensitive Expenditure during the year in line with prudent fiscal management and guidance from the Auditor-General's published good practice guide<sup>1</sup>.

<sup>1</sup>Setting and administering fees and levies for cost recovery: Good practice guide – Office of the Auditor-General New Zealand (oag.parliament.nz)

The Council will maintain reserves that ensure the Council is able to meet its required level of legislative responsibility to the public.

The Council has determined that it will maintain two separate reserves:

- **Operational reserve:** The Council has determined that the operational reserve will be maintained at a level of 3-months' worth of operating costs as far as possible, to mitigate unknown and unpredictable events. This means that reserves may be reasonably used for an unexpected increase in operational costs or a decrease in income as well as to fund foreseeable capital expenditure.
- **Disciplinary reserve:** The Council has determined that the disciplinary reserve will be maintained as far as possible at a level deemed appropriate to contain the impact of the cost of disciplinary cases under the HPCA Act. The Council will maintain a disciplinary reserve as a minimum at a level to cover six Professional Conduct Committee cases estimated at \$15,000 each and four Health Practitioners Disciplinary Tribunal (HPDT) cases estimated at \$35,000 each. This reserve level will help cover disciplinary case costs while the Council waits for the proceeds of a disciplinary levy to be recovered from registrants.

The Council has no intention to build up reserves for undefined use. However, the Council must ensure that it is able to perform its purpose and functions under the HPCA Act. The level of the Council's operational and discipline reserves at Year End are noted in the accompanying financial statements.

Since the formation of the Council, we are able to report that we have achieved the following key milestones which are outlined below.

## Registration

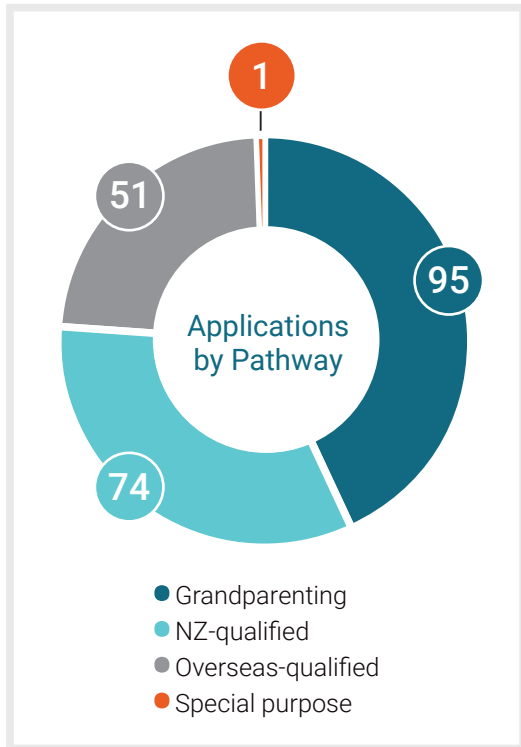
During the year, the Council had four different and distinct pathways for registration which were designed to acknowledge both experience and qualifications in Chinese medicine. On 30 June 2024, 'Pathway 1 – Grandparenting' closed following a 1-year transition of Chinese medicine practitioners on to the Register.

Pathway 1 'Grandparenting'	Pathway 2 'NZ-qualified'	Pathway 3 'Australian registered'	Pathway 4 'Overseas-qualified'
<p>The Council's Grandparenting pathway is a transitional pathway that allows certain practitioners to register with the Council and continue to practise their profession before implementation of new rules &amp; regulations take full effect. This is informed by Section 13(b) of the HPCA Act which states that in the prescribing of qualifications "the qualifications may not unnecessarily restrict the registration of persons as health practitioners."</p> <p>This pathway was temporary and closed on <b>30 June 2024</b>.</p>	<p>Applicants who hold any of the Council's prescribed qualifications from New Zealand education institutions are eligible to apply via this pathway.</p>	<p>The Trans-Tasman Mutual Recognition Act (TTMRA) 1997 recognises Australian and New Zealand registration standards as equivalent and enhances the freedom of registered professionals to work in either country.</p> <p>An applicant who is currently registered and in good standing in Australia, is eligible to register in New Zealand via this pathway.</p>	<p>Applicants with Chinese medicine qualifications obtained overseas can apply via the Overseas-qualified pathway.</p> <p>This pathway requires that an overseas qualification be submitted for assessment against the Council's competencies or that the qualification is recognised by a statutory registration/licensing body for practice in the country where they completed the programme of study leading to the qualification or is recognised as a pre-registration Chinese medicine qualification by a relevant Chinese medicine regulator.'</p> <p>Those who have completed qualifications overseas, at the discretion of the Council, may need to successfully pass a competency assessment as set by the Council.</p>

As at 31 March 2025, the Council had registered 1,238 Chinese medicine practitioners.

The Council approved 221 applications for registration during the practising year.

New applicants who applied for registration during the practising year applied via the following pathways:



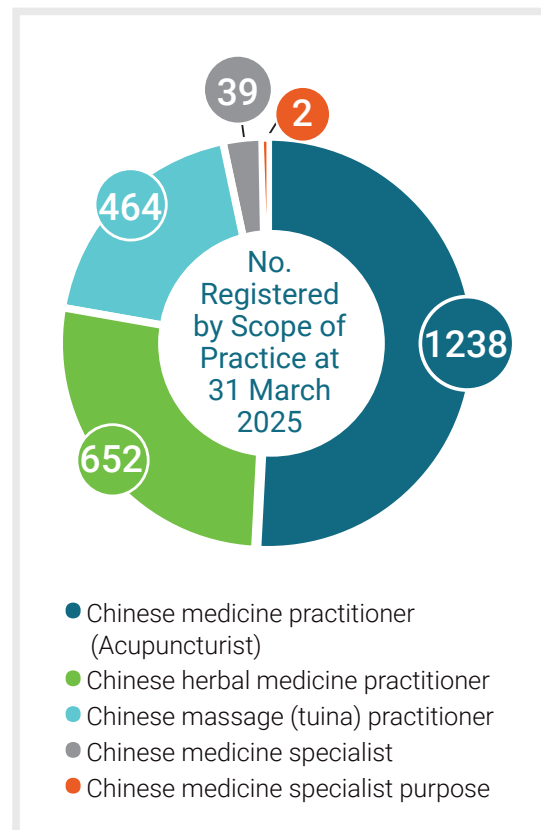
Under section 11 of the HPCA Act, the Council has specified the following scopes of practice for Chinese medicine services:

- Scope of practice – Chinese medicine practitioner (acupuncturist)
- Scope of practice – Chinese herbal medicine practitioner
- Scope of practice – Chinese massage (tuina) practitioner
- Scope of practice – Chinese medicine specialist
- Scope of practice – Chinese medicine special purpose

The content of each scope of practice is available on the ‘Scopes of practice’ page of the Council’s website.

There was one minor amendment to the scopes of practice and associated prescribed qualifications in July 2024 following the closure of the Council’s transitional ‘Grandparenting’ pathway to registration. The prescribed qualification– namely, that applicants for registration ‘Qualify for registration via the grand-parenting pathway as outlined in the Council’s *Policy on Grand-parenting*’ was revoked. The Council previously consulted on the transitional nature of this pathway with practitioners and stakeholders. The removal of this prescribed qualification and re-publication of the Scopes of Practice and prescribed Qualifications Notice was therefore administrative only.

As at 31 March 2025, registrants held the following scopes of practice:



## Practising certificates

Practising certificates provide assurance to the public that a practitioner has maintained their professional competence and is fit to practise.

On an annual basis, Chinese medicine practitioners are required to declare their practising intentions for the year, and if intending to practise, must declare that they have maintained their competence and fitness and are complying with the Council's *Policy on Recertification* (CPD programme).

Of the 1,238 practitioners registered at 31 March 2025, 1,084 held practising certificates and 154 declared that they were not practising and opted to hold a 'non-practising' status on the register. Those holding a non-practising status typically opt for this status for personal reasons such as overseas travel, sabbatical, illness, or family commitments.

## Cancellation from the register

Eleven practitioners were cancelled from the register during the year. Reasons specified by those who applied for cancellation from the register included retirement, leaving New Zealand, and leaving the profession.

One practitioner was cancelled by the Council for obtaining registration by making a false/misleading declaration to the Council.

## Education (Accreditation)

Standards for the accreditation of providers of prescribed Chinese medicine qualifications were developed, consulted on publicly, and approved in April 2023.

The Council developed various guidance documents, templates, and tools for use during the accreditation process. These are available on the 'Accreditation' page of the Council's website.

Preliminary accreditation of current Chinese medicine education programmes for the purpose of opening registrations was granted until May 2025.

During the year, the Council received and considered formal applications for accreditation from the two current providers of New Zealand Chinese medicine programmes, the New Zealand College of Chinese Medicine and the New Zealand School of Acupuncture and Traditional Chinese Medicine. The outcome of these accreditations was still pending at year end.

## Setting standards for Chinese medicine practitioners

The Council has been appointed under the HPCA Act to protect the health and safety of the public by ensuring that Chinese medicine practitioners have an assured level of knowledge, experience and skill and are competent to practise Chinese medicine. The Council is required to set standards of clinical competence, cultural competence (including competencies that will enable inclusive and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession.

The competencies describe the threshold or minimum level of professional capability required for both initial and continuing practise. A practitioner practising below this level of competency may pose a risk to the public, therefore the Council recognises that many CM practitioners may seek to ensure they excel and maintain a higher level of competence. The competencies/standards set by the Council are closely aligned and should be read in conjunction with each other.

In setting its standards, the Council recognises and seeks to give effect to Te Tiriti o Waitangi as the foundational governance document in Aotearoa New Zealand, and affirms the rights of iwi, hapū, and Māori in the shaping and



governance of our nation. Te Tiriti o Waitangi also influences our roles and responsibilities as citizens in our community and shapes personal and professional conduct. The Council recognises its obligations under Te Tiriti o Waitangi and confirms its commitment to them. The Council also recognises and respects the historical and philosophical origins of Chinese medicine.

In 2023, the Council consulted publicly on, received feedback, and implemented its core standards of clinical, cultural competence and safety, and ethical (professional) conduct for practitioners.

In the year to 31 March 2024, the Council consulted publicly, received feedback on, and implemented the following standards, statements, and guidelines for the profession:

- Statement on Cervical Neck Manipulation
- Safe Practice Standard and Guidance
- Professional Boundaries Standard and Guidance

- Informed Consent Standard and Guidance
- Guidelines for safe prescribing of Chinese herbal medicines
- Clinical Record Standards and Guidance
- Advertising Standard and Guidance

As with any new standards, statements, and guidance, and particularly for a newly-regulated profession, the Council recognises the need to ‘socialise’ these with the profession and help practitioners understand how to ensure they are in compliance with them. In the year to 31 March 2025, the Council held webinars/information sessions to introduce a number of these to the profession. The recordings of these sessions are available on the Council’s website.

The Council’s standards, statements and guidelines are ‘living documents’ that are regularly reviewed and enhanced as the practice of Chinese medicine evolves.

*For the full Standards, please refer to the ‘Practice Standards’ page of the Council’s website.*

## Recertification / Continuing professional development

The Council is charged under the HPCA Act with protecting the health and safety of the public by ensuring that Chinese Medicine practitioners are fit and competent to practise their profession.

Among other responsibilities set out in section 118 of the Act, the Council must recognise, accredit, and approve prescribed programmes to ensure the ongoing competence of practitioners. To meet this obligation, the Council has set a Continuing Professional Development (CPD) Policy under section 41(3)(f) of the HPCA Act. Completing CPD is one part of recertification. Recertification is the annual process of ensuring each practitioner meets the required standard of competence as a prerequisite to the granting of an Annual Practising Certificate (APC).

Participation in CPD is mandatory for all registered practitioners who hold an APC, regardless of their practice setting, employment status, or number of hours worked. All registrants are encouraged to undertake more comprehensive CPD than the mandatory requirements set out in this Policy.

The policy requires that all practitioners engage in a minimum of 22 hours/points of CPD each year which includes a minimum of 2 hours of cultural safety/cultural competence (1-point equates to 1 hour of learning). The CPD should align with a practitioner's self-assessment as measured against the Council's competencies, standards, and policies. The CPD undertaken by practitioners with more than one scope of practice must include some content relevant to each scope in which they are registered. Practitioners must also adhere to the clinical competency 'Maintain currency in first aid certification relevant to safety in clinical

practice', and as such, hours spent completing mandatory first aid certification may be included as CPD.

The first recertification/CPD cycle ended on 31 March 2024 and the Council audited compliance with the requirements in September/October 2024 following implementation of the online CPD-recording and audit portal. The focus of this first audit was educative. The Council evaluated how the profession is doing transitioning to formal CPD requirements and provided feedback for everyone on key areas where more focus or attention may need to be paid in the next practising year/cycle.

Of the 20% of practitioners who underwent the audit (185 practitioners):

- 21 Passed with all requirements met (11%)
- 81 Passed but with improvements necessary (44%)
- 83 Did not meet the requirements, remedial action is required and they will be reaudited next cycle (45%).

Most common reasons for not meeting requirements:

1. Not completing required cultural safety/cultural competency CPD (2-hour requirement)
2. Not completing adequate scope specific hour requirements
3. CPD activities missing multiple entry fields (e.g. no self-reflection, assessment against standards or evidence provided).

For the first three years of statutory regulation under the Act (2023-2025), only the previous 12 months of CPD activities will be audited. However, from 2026 onwards selected registrants will have their CPD activities and supporting evidence for the previous three practising years audited. In cases where a practitioner continually fails to comply, suspension of their registration may occur.

## Competence, fitness to practise, and discipline

Complaints and notifications often have multiple aspects but generally fall into either a competence, health, or conduct category.

As a newly established regulator, some notifications received during the year occurred prior to the Council's establishment and/or prior to a practitioner registering with the Council and, therefore, the Council's jurisdiction to consider the notification was limited to whether the matter raised concern that the practitioner may not currently be practising, or be fit to practise, at the required standard of competence.

## Competence

Under the HPCA Act, the Council may review a practitioner's competence at any time or in response to concerns raised about their practice. Competence concerns can be raised by a colleague, employer, consumer, the Ministry of Health, the Health and Disability Commissioner (HDC), or another agency/organisation. The Council will make initial enquiries into a practitioner's competence following receipt of a notification or expression of concern regarding their competence.

Possible outcomes of a competence referral can include no further action, an educational letter to the practitioner, a formal review of their competence, or an individual recertification programme for the practitioner.

The purpose of a competence review is to assess a practitioner's competence and, if necessary, to put in place appropriate training, education, and safeguards to support them in meeting the required standard of competence. Competence reviews are not punitive and are designed to review, remediate, and educate.

The Council will order a competence review if it believes a practitioner may be practising below the required standard of competence. A competence review committee comprises a layperson and at least two Chinese medicine practitioners. The practitioner's competence is assessed against the Council's standards. A competence review committee will provide a formal report to the Council on the outcome of the review once it has taken place.

The Council received two formal competence notifications during the year, one from the Accident Compensation Corporation (ACC) and one from a Chinese medicine practitioner. The notification from ACC related to the standard of the practitioner's record-keeping and resulted in a competence review being ordered. The outcome of this review was pending at Year End. Interim conditions requiring supervision pending the outcome of the review were also imposed.

The notification from a Chinese medicine practitioner about another Chinese medicine practitioner related to the maintenance of professional boundaries. This notification was acknowledged and noted but no further action taken as the subject matter of the notification and the practitioner were already known to the Council and formal processes were already underway to make enquiries into the concerns raised and ensure public safety.

The Council expects the number of notifications received to increase as knowledge of the regulation of the profession is more widely known. These enquiries were still in progress at Year End.



## Fitness to practise

A practitioner may develop a physical or mental health problem that may impair their ability to practise safely and therefore endanger patients and the public. The majority of practitioners with health conditions manage the conditions themselves with the support of their employer and/or healthcare provider. However, Chinese medicine practitioners, other health practitioners, and employers have a legal obligation to notify the Council if there is any reason to be concerned about a practitioner's health or fitness to practise. This can include impairments caused by alcohol or substance-use disorders.

The Council considered a few health-related declarations made by practitioners as part of their applications for registration to the Council and one formal health/fitness related notification received as part of a complaint during the year. The formal notification received resulted in voluntary monitoring which was still active at Year End.

The Council is still a new responsible authority. As awareness of requirements around reporting obligations to the Council increases, along with an understanding of

the Council's processes by employers and practitioners, we expect to see an increase in the number of health-related notifications that are received.

Where possible, the Council will manage the process directly with the practitioner. This could involve asking them to sign an agreement to follow their health team's advice with managing their ongoing health or following an approved return to practice plan. In some scenarios, this may involve ongoing monitoring or reporting to the Council for the duration of their practising career. If it is unclear how a practitioner's health may impact on their ability to practise, or if there are indications of addiction or substance-use disorders, the Council can require the practitioner to undertake an independent health assessment under section 49 of the HPCA Act.

## Discipline (complaints)

The Council's primary responsibility when receiving a complaint is the protection of the health and safety of members of the public. Complaints can be received from many different sources, including members of the public, Chinese medicine practitioners, other health practitioners, employers or government health sector organisations. In some instances, the Council may receive complaints or notifications from several sources that relate to one event – for example, a practitioner may make a self-notification and we may also receive a notification from their employer, and a further notification from a member of the public. The Council records these as separate complaints. Complaints generally fall into two broad categories:

- Those that allege the practice or conduct of a practitioner has affected a health consumer/patient

- Those that do not directly involve a health consumer/patient. Each notification or complaint is considered, and the Council decides whether it should be managed as a competence, conduct, or health issue.

The source and number of complaints received during the year are shown below.

Source of notification/ concern	Total number received
HDC	5
Consumer	5
Employer	0
Health practitioner	0
Other	0
<b>Total</b>	<b>10</b>

As the Council is still a relatively new responsible authority, it is expected that the number of complaints we receive will increase over time to reflect the awareness of both the Council's processes and Chinese medicine practitioners as registered health practitioners. The actions the Council takes depends on the nature of the complaint and who has made it.

Under section 64(1) of the HPCA Act, the Council must promptly forward to the HDC any complaint alleging that the practice or conduct of a health practitioner has affected a health consumer. The HDC may or may not investigate the complaint. The Council is unable to act on a conduct issue while the HDC is investigating. However, the Council can look into competence or health concurrently. Notifications or complaints that do not allege that a health consumer has been affected are reviewed on a case-by-case basis.

The outcomes of conduct-related notifications received or considered during the year are shown below, including some initiated in the previous reporting period.

Outcome of conduct-related notifications	Total number received
<b>Educational approach taken by the Council</b>	3
<b>Referred to the HDC</b>	5
<b>Referred to a Professional Conduct Committee for investigation</b>	0
<b>No further action taken</b>	2
<b>Other action</b>	1
<b>Outcome not yet finalised</b>	1
<b>Total</b>	<b>12</b>



## Professional conduct committees

A professional conduct committee (PCC) is an independent statutory committee appointed to investigate issues that relate to a Chinese medicine practitioner's conduct. A practitioner will be referred to a PCC where the Council:

- is notified that a practitioner has been convicted of a specified offence in court
- considers that information in the Council's possession raises questions about a practitioner's conduct or the safety of their practice. In some instances when a practitioner is under investigation by a PCC, if the Council receives additional notifications or information that is relevant to the investigation, it may refer this to the PCC to be included in its investigation.

A PCC is comprised of two practitioners and one layperson. A PCC may make determinations or recommendations to the Council or lay charges against the practitioner before the Health Practitioners Disciplinary Tribunal (the HPDT).

Two PCCs initiated during the 2023/24 reporting period for practising unlawfully concluded and resulted in recommendations that the Council counsel the practitioners. This counselling was recommended to include the importance of renewing practising certificates on time, the difference between regulation and professional membership (now that the profession is regulated), and the legal implications and potential consequences of non-compliance with the HPCA Act. The Council accepted these recommendations and counselled the two practitioners accordingly.

No new PCCs were initiated during the 2024/25 period.

## Health Practitioners Disciplinary Tribunal

The Health Practitioners Disciplinary Tribunal (HPDT) is a statutory disciplinary organisation separate from the Council. It hears and determines charges brought by PCCs or the Director of Proceedings against health practitioners registered under the HPCA Act. Members of the HPDT are appointed by the Minister of Health for each profession and include practitioners, laypeople, a chair, and two deputy chairs. For each hearing, the HPDT consists of a chair or deputy chair, three Chinese medicine practitioners, and a layperson. To date, the Council has had no Chinese medicine practitioners appear before the HPDT.

## Appeals and judicial reviews

Decisions of the Council may be appealed in the District Court, and decisions of the HPDT may be appealed in the High Court. To date, there have been no judicial reviews or appeals of decisions made by the Council or the HPDT by Chinese medicine practitioners.

## Review of delegates decision

Under the HPCA Act, the Council may appoint a committee and delegate its functions, duties or powers to that committee. In clause 18 of Schedule 3 of the HPCA Act, a person who is adversely affected by a decision made under delegation may request that the Council review the decision and revoke or confirm the decision. During the reporting period, there were no requests to review a delegate's decision received.

# Engagement with stakeholders

Engagement with stakeholders is crucial to the success and effectiveness of the Board's purpose. Our engagement with stakeholders includes informing and educating, consulting, and collaborating.

The Council has established relationships, and regularly engages, with the Chinese medicine professional bodies, Chinese medicine educators, ACC, NZQA, the HDC, and the Ministry of Health and Te Whatu Ora. The Council also meets regularly with the Chinese Medicine Board of Australia to discuss matters of common interest in accordance with the Trans-Tasman Mutual Recognition Act 1997.

The Council would like to thank its stakeholders, including the profession, for their support and commitment to safe, high-quality healthcare in Aotearoa New Zealand.

The Council and the Registrar actively support and promote collaboration with other responsible authorities, including Te Kaunihera Tapuhi o Aotearoa | The Nursing Council, with whom we have a shared service-level agreement. We believe in investing in and fostering positive relationships to meet our purpose and functions.

# Looking to the future

The Council will continue to lay the foundations for the efficient and effective regulation of Chinese medicine practitioners. Some of the main areas of focus for the coming year include:

- Accreditation of the two main providers of Chinese medicine education in New Zealand.
- Enhancing the Council's online CPD and audit platform to further streamline recertification.
- Reviewing registration pathways, requirements, and fees to ensure the Council is enabling the efficient registration of competent practitioners.
- Preparing for the Council's first performance review in accordance with section 122A of the HPCA Act.
- Development of further statements and guideline documents, and educational webinars, as necessary to ensure Chinese medicine practitioners are providing care in compliance with the Council's standards.
- Increasing public awareness of the role of the Council, the existence of the public register, and the fact of the profession now being regulated and what patients can expect from their practitioner/s.
- Strengthening the Council's relationships with key stakeholder agencies and groups, including the New Zealand public, Tangata whenua, and Māori practitioners, to better inform the work of the Council.
- Increasing recognition of Chinese medicine in mainstream care as a valid treatment option to relieve some of the burden on the health system.

# Performance Report

## CHINESE MEDICINE COUNCIL

### FOR THE YEAR ENDED 31 MARCH 2025

#### Entity Information

**Legal Name of Entity:** CHINESE MEDICINE COUNCIL

**Type of entity and Legal Basis :** The Chinese Medicine Council of New Zealand (the Council) was established as a Responsible Authority (RA) under the Health Practitioners Competence Assurance Act 2003 (HPCA Act) on the 1st of November 2021 to regulate Chinese Medicine services in New Zealand. Members were appointed by the Minister of Health in May 2022 and first met in July 2022.

Entity is a registered Charity under the Charities Act 2005, registration number CC60389.

#### Entity's Purpose:

##### ***The Council is responsible for:***

- setting standards for entry to the Register
- registering Chinese Medicine practitioners
- setting standards of clinical and cultural competence, and ethical conduct to be met by all Chinese Medicine practitioners
- recertifying all practising Chinese Medicine practitioners each year
- reviewing and remediating the competence of Chinese Medicine practitioners
- investigating the conduct or health of Chinese Medicine practitioners where there are concerns about their performance and taking appropriate action.

##### ***As a part of those functions and responsibilities, the Council:***

- sets accreditation standards and competencies for Chinese Medicine
- monitors and accredits the Chinese Medicine programmes to ensure the quality of education and training is appropriate
- sets scopes of practice within which Chinese Medicine practitioners may practise
- prescribes qualifications for each scope of practice
- maintains a public register of all registered Chinese Medicine practitioners, including those who are not currently practising
- issues annual practising certificates to Chinese Medicine practitioners who have maintained their competence and fitness to practise, to continue practising their profession
- develops and maintains minimum standards through practice standards that all Chinese Medicine practitioners must comply with
- requires registered Chinese Medicine practitioners to undertake continuing professional development education
- manages Chinese Medicine practitioners suffering from health issues affecting their practice
- places conditions on, or restricts a Chinese Medicine practitioner's scope of practice, or suspends their practising certificate, if that is appropriate to protect the health and safety of the public.

The Council's role is to protect the health and safety of patients and the public, not to protect the interests of Chinese Medicine practitioners. The Council has legal powers that permit it to enforce the standards the public have a right to expect of Chinese Medicine practitioners in New Zealand, and it is the Council's goal, to administer those powers, consistently, fairly, and effectively.

#### Strategic Direction

Building greater trust and confidence in Chinese Medicine as a safe, valid, and integral part of the Aotearoa New Zealand Healthcare system.

#### Entity Structure:

Council members are appointed by the Minister of Health. The Chinese Medicine Council's current structure is five practitioners and four lay members.

#### General Description of the Entity's Outputs

To protect the health and safety of members of the public by providing for mechanisms to ensure that Chinese Medicine practitioners are competent and fit to practise.

#### Contact details:

Physical Address: Level 5, 22 Willeston Street, Wellington 6011  
Phone: +64 4 978 5040  
Email: [reception@chinesemedicinecouncil.org.nz](mailto:reception@chinesemedicinecouncil.org.nz)  
Website: [www.chinesemedicinecouncil.org.nz](http://www.chinesemedicinecouncil.org.nz)

## Performance Report

### CHINESE MEDICINE COUNCIL FOR THE YEAR ENDED 31 MARCH 2025

#### FINANCIAL INFORMATION

##### Statement of financial performance

	Note	2025 \$	2024 \$
<b>Revenue</b>			
Fees and other revenue from practitioners		1,004,136	567,980
Revenue from service delivery		900	1,700
Interest and other investment revenue		34,980	5,523
Other revenue		748	167,641
<b>Total Revenue</b>	1	<b>1,040,763</b>	<b>742,844</b>
<b>Expenditure</b>			
Employee related costs		248,086	143,899
Expense related to service delivery		409,226	430,436
Other expenses		3,713	2,747
<b>Total Expenditure</b>	2	<b>661,025</b>	<b>577,082</b>
<b>Net Surplus</b>		<b>379,738</b>	<b>165,762</b>

# Performance Report

## CHINESE MEDICINE COUNCIL


### AS AT 31 MARCH 2025


#### FINANCIAL INFORMATION

##### Statement of financial position

	NOTE	2025 \$	2024 \$
<b>Current Assets</b>			
Cash and short-term deposits		495,943	1,113,426
Investments		1,000,000	0
Debtors and prepayment		27,625	19,235
Other current assets		5,816	0
<b>Total Current Assets</b>	3	<b>1,529,384</b>	<b>1,132,661</b>
<b>Non-Current Assets</b>			
Property, Plant and equipment	6	5,699	4,258
<b>Total Non-Current Assets</b>		<b>5,699</b>	<b>4,258</b>
<b>Total Assets</b>		<b>1,535,083</b>	<b>1,136,919</b>
<b>Current Liabilities</b>			
Creditors and accrued expenses		51,796	59,094
Employee costs payable		30,615	15,857
Income in advance		766,554	709,143
Goods and services tax payable		106,083	112,529
Loan from Acupuncture NZ	5	40,000	40,000
<b>Total Current Liabilities</b>	4	<b>995,048</b>	<b>936,622</b>
<b>Non-Current Liabilities</b>			
Loan from Acupuncture NZ	5	38,731	78,731
<b>Total Liabilities</b>		<b>1,033,779</b>	<b>1,015,353</b>
<b>Net Assets</b>		<b>501,304</b>	<b>121,566</b>
<b>Accumulated Funds</b>			
General reserve		62,432	(44,196)
Disciplinary reserve		59,134	0
Net surplus for the period		379,738	165,762
<b>Total Accumulated Funds</b>	7	<b>501,304</b>	<b>121,566</b>

This performance report has been approved and authorised for issue for and on behalf of Chinese Medicine Council.

Signature:   
 Name: Paddy McBride  
 Position: Chairperson  
 Date: 30 September 2025

Signature:   
 Name: Ming-chun Wu  
 Position: Deputy Chairperson  
 Date: 30 September 2025

# Performance Report

## CHINESE MEDICINE COUNCIL FOR THE YEAR ENDED 31 MARCH 2025

### FINANCIAL INFORMATION

#### Statement of cash flows

	2025 \$	2024 \$
<b>Cash flows from Operating Activities</b>		
<i>Operating receipts (money deposited into bank account):</i>		
Statutory fees	1,068,628	1,270,042
Revenue from service delivery	900	1,700
Establishment Funding	0	167,641
Other income	748	0
Interest and other investment receipts	29,164	5,523
<i>Less operating payments (money withdrawn from bank account):</i>		
Payments to suppliers	(403,996)	(440,620)
Employee remuneration and other related payments	(257,127)	(131,348)
GST	(6,446)	107,821
<b>Net cash flows from operating activities</b>	<b><u>431,870</u></b>	<b><u>980,759</u></b>
<b>Cash flows from Other Activities</b>		
<i>Cash was received from:</i>		
Cash received from maturity of investments	700,000	0
Proceeds from disposal of fixed assets	0	4,579
Loan from Acupuncture NZ	0	218,000
<i>Cash was applied to:</i>		
Payments to acquire property, plant & equipment	(5,153)	(2,145)
Payments to purchase short term investments	(1,700,000)	0
Repayment of loan (including Interest)	(44,200)	(99,269)
<b>Net Cash Flows from Other Activities</b>	<b><u>(1,049,353)</u></b>	<b><u>121,165</u></b>
<b>Net Increase in Cash</b>	<b><u>(617,483)</u></b>	<b><u>1,101,924</u></b>
Opening Cash	1,113,426	11,502
<b>Closing Cash</b>	<b><u>495,943</u></b>	<b><u>1,113,426</u></b>
<i>Represented by:</i>		
Cash in bank	495,943	1,113,426
<b>Cash and Short term deposits</b>	<b><u>495,943</u></b>	<b><u>1,113,426</u></b>

# Performance Report

## CHINESE MEDICINE COUNCIL FOR THE YEAR ENDED 31 MARCH 2025

### STATEMENT OF ACCOUNTING POLICIES

#### **BASIS OF PREPARATION**

The Council has elected to apply the XRB's Tier 3 (PS) standards on the basis that it does not have public accountability and has total annual expenses of equal to or less than \$5,000,000. All transactions in the Performance Report are reported using the accrual basis of accounting. The Performance Report is prepared under the assumption that the entity will continue to operate in the foreseeable future. All values are recorded to the nearest dollar.

#### **SPECIFIC ACCOUNTING POLICIES**

##### **Cash and short term deposits**

Cash and short term deposits includes deposits at cheque and savings account with banks with original maturities of 90 days or less.

##### **Investments**

Investments are recognised at cost. Investment income is recognised on an accrual basis where appropriate.

##### **Debtors**

Debtors are stated at estimated realisable values net of expected credit loss, which is estimated by assessing the likelihood of debtors default and the potential amount of loss. Debtors are classified as current if they are expected to be converted to cash within 12 months. Other debtors are classified as non current.

##### **Interest Revenue**

Interest revenue is recognised as it is earned, using the effective interest method.

##### **Property, plant & equipment**

Initially stated at cost and depreciated as outlined below. Initial cost includes the purchase consideration plus any costs directly attributable to bringing the asset to the location and condition required for its intended use.

Assets are written down immediately if any impairment in the value of the asset causes its recoverable amount to fall below its carrying value.

##### **Depreciation**

Depreciation of property, plant & equipment is charged at the following rates:

Office furniture & equipment 20% - 50% Straight Line Method

Computer Equipment 3 years straight line

##### **Taxation**

The Council is registered as a charitable entity under the Charities Act 2005. It is exempt from Income Tax.

##### **Income recognition**

Fees received for the issue of APCs and register maintenance are recognised in the year to which the fees relate.

Fees derived from the delivery of service are recognised when the service is delivered. All other fees are recognised on receipt.

##### **Goods & Services Tax**

The Council is registered for Goods & Services Tax (GST), and all amounts are stated exclusive of GST, except for receivables and payables that are stated inclusive of GST.

##### **Establishment Funding**

Establishment funding with conditions are held as revenue in advance until the conditions are met. Once met, the amounts are recorded as revenue.

##### **Employee costs payable**

Employee entitlements Provision is made in respect of the Council's liability for annual leave at balance date. Annual leave has been calculated on an actual entitlement basis at current rates of pay. No provision is made for sick leave.

##### **Changes in Accounting Policies**

Classification of revenue, expenses and liabilities have been revised under the new Tier 3 (PS) standards and comparative figures have restated accordingly.

# Performance Report

## CHINESE MEDICINE COUNCIL

### FOR THE YEAR ENDED 31 MARCH 2025

#### Note 1 - Analysis of Revenue

	2025	2024
	\$	\$
<b>Fees and other revenue from practitioners</b>		
APC Fees	783,033	285,476
Registration Fees (Overseas)	37,435	22,848
Registration Fees (NZ)	34,622	194,435
Registration Fees (TTMR)	478	2,783
Disciplinary Levy	136,416	59,134
Maintenance of Registration	12,152	3,304
	<u>1,004,136</u>	<u>567,980</u>
<b>Revenue from service delivery</b>		
Scope of practice change fee	900	1,700
	<u>900</u>	<u>1,700</u>
<b>Interest and other investment revenue</b>		
Interest	34,980	5,523
	<u>34,980</u>	<u>5,523</u>
<b>Other revenue</b>		
Start-up Funds	0	167,641
Publications & Sundry Income	748	0
	<u>748</u>	<u>167,641</u>

#### Note 2 - Analysis of Expenses

	2025	2024
	\$	\$
<b>Employee remuneration and other related expenses:</b>		
Salaries and employee benefits	245,713	143,499
Staff training	1,581	0
ACC Levies	793	400
	<u>248,086</u>	<u>143,899</u>
<b>Expenses related to service delivery:</b>		
Administration and overheads	33,076	31,199
Accreditation and registration expense	18,708	0
Audit fees	8,044	8,542
Bank fees	19,998	24,571
Information Technology	27,340	22,536
Office Rent	24,621	0
Contractors costs	22,000	100,282
Council and committee expense	126,275	118,663
Disciplinary expense	29,376	1,969
Secretariat and management fee	25,349	23,757
Project expenses	74,439	98,916
	<u>409,226</u>	<u>430,436</u>
<b>Other expenses:</b>		
Depreciation expense	3,713	2,747
	<u>3,713</u>	<u>2,747</u>

# Performance Report

## CHINESE MEDICINE COUNCIL

### FOR THE YEAR ENDED 31 MARCH 2025

#### Note 3 - Analysis of Assets

	2025	2024
	\$	\$
<b>Cash and short-term deposits</b>		
Cash in bank	495,943	1,113,426
	<b>495,943</b>	<b>1,113,426</b>
<b>Investments</b>		
Short term investments	1,000,000	0
	<b>1,000,000</b>	<b>0</b>
<b>Debtors and prepayments</b>		
Accounts receivable	0	7,080
Prepayments	27,625	12,154
	<b>27,625</b>	<b>19,235</b>
<b>Other current assets</b>		
Accrued interest	5,816	0
	<b>5,816</b>	<b>0</b>

#### Note 4 - Analysis of Liabilities

	2025	2024
	\$	\$
<b>Creditors and accrued expenses</b>		
Accounts payable	25,356	42,652
Accrued expenses	19,715	16,441
BNZ Visa payable	6,726	0
	<b>51,796</b>	<b>59,093</b>
<b>Employee costs payable</b>		
PAYE accrual	5,282	3,041
Kiwisaver accrual	1,488	770
Student loan	66	0
Extra week salary	7,223	3,304
Holiday pay	11,452	5,437
Withholding tax payable	5,104	3,306
	<b>30,615</b>	<b>15,857</b>
<b>Income received in advance</b>		
Annual Practising Certificate	692,554	600,368
Disciplinary levy	64,957	104,340
Non-Practising fee	9,044	4,435
	<b>766,554</b>	<b>709,143</b>
<b>Goods and services tax payable</b>		
GST Payable	106,083	112,529
	<b>106,083</b>	<b>112,529</b>

# Performance Report

## CHINESE MEDICINE COUNCIL

### FOR THE YEAR ENDED 31 MARCH 2025

#### Note 5 - Establishment Funds and Loans

On 19 May 2023, Chinese Medicine Council (CMC) signed an agreement with The New Zealand Register of Acupuncturists (Acupuncture NZ) Incorporated (AcNZ) and New Zealand Acupuncture Standards Authority (NZASA) incorporated for funding to establish the Council. In addition to the \$225,402 provided to the Council in 2022/2023, the following amounts were received during 2023/2024 financial year:

	Funding Grant	Loan
AcNZ	128,169	218,000
NZASA	36,588	0
Total Establishment Funding (Including GST)	<u>164,756</u>	<u>218,000</u>
Less: Payments		
	4 September 2023	(50,000)
	20 October 2023	(49,269)
	20 April 2024	(40,000)
	<b>Balance</b>	<b><u>78,731</u></b>

#### Repayment of Loan (Acupuncture NZ)

The Council agreed to repay any excess funds proportionately to each funding entity.

The loan is repayable to AcNZ as per below: Interest is payable at 2.3% per annum paid monthly on the last day of each month.

	Repayment schedule
20 April 2025	40,000
20 April 2026	38,731
<b>Total due</b>	<b><u>78,731</u></b>

#### Note 6 - Property, Plant and Equipment

Asset class	Opening carrying amount	Purchases	Disposal	Depreciation and impairment	Closing carrying amount
<b>At 31 March 2025</b>					
Fixture and Fittings	-	350	-	-	350
Computer equipment	4,258	4,803	-	(3,713)	5,349
	<b>4,258</b>	<b>5,153</b>	<b>-</b>	<b>(3,713)</b>	<b>5,699</b>
<b>At 31 March 2024</b>					
Computer equipment	9,440	2,145	(4,579)	(2,747)	4,258
	<b>9,440</b>	<b>2,145</b>	<b>(4,579)</b>	<b>(2,747)</b>	<b>4,258</b>

# Performance Report

## CHINESE MEDICINE COUNCIL

### FOR THE YEAR ENDED 31 MARCH 2025

#### Note 7 - Accumulated Funds

	2025	2024
	\$	\$
<b>Accumulated surpluses with unrestricted use</b>		
Opening balance at 1 April	62,432	(44,196)
Surplus for the year	269,660	106,628
Balance at 31 March	332,092	62,432
<b>Disciplinary reserve</b>		
Opening balance at 1 April	59,134	-
Levies received for the year	136,416	59,134
Disciplinary costs for the year	(26,338)	
Balance at 31 March	169,212	59,134
<b>Total Accumulated Funds</b>	<b>501,304</b>	<b>121,566</b>

**Accumulated surpluses** are used to fund general operating expenses

The **Disciplinary reserve** is used for Professional Conduct Committees (PCC) and Health Practitioners Disciplinary Tribunal (HPDT) costs. It is a discretionary reserve that is maintained by the Board at a prudent level determined by past experience and future expectations of disciplinary activity and costs. Disciplinary levies and recoveries are credited to the reserve to fund disciplinary costs.

#### Note 8 - Related Party Transactions

The fees paid includes board fees for attendance at board meetings and other board activities. Total fees paid to the Board Members during the year is as follows.

	2025	2024
	\$	\$
Paddy McBride ( <i>Chairperson</i> )	16,515	15,248
Ming-chun Wu ( <i>Deputy Chair from Feb 25</i> )	9,906	9,340
Joan Campbell ( <i>Deputy Chair Feb 24 to Feb 25</i> )	12,146	12,679
Xudong (Susan) Zhu ( <i>Deputy Chair to Feb 24</i> )	2,666	2,199
Lizhou Liu	9,849	11,163
Margaret Steel	11,472	12,621
Mana Fleming	7,549	5,048
Trudi Collins	10,952	10,901
Adrienne Wing	1,505	2,580
	<b>82,560</b>	<b>81,777</b>

# Performance Report

## CHINESE MEDICINE COUNCIL

### FOR THE YEAR ENDED 31 MARCH 2025

#### Note 9 - Shared Services

A Partnership Group of Nursing Council of New Zealand, Occupational Therapy Board of New Zealand, Podiatrists Board of New Zealand, Dietitians Board, Midwifery Council of New Zealand, Psychotherapists Board of Aotearoa New Zealand, Osteopathic Council of New Zealand, New Zealand Chiropractic Board, Psychologist Board, Optometrists & Dispensing Opticians Board and Paramedic Council have entered into an agreement to co-locate to 22 Willeston Street, Wellington. The lease agreement for 22 Willeston Street (signed solely by Nursing Council of New Zealand) is for nine years from February 2025 and expiring in February 2034.

To facilitate the management of shared resources, including a joint lease agreement for office rental purposes and corporate supports, the eleven RAs entered into an agreement for the provision of corporate services.

In October 2022 Nursing Council of New Zealand invited Chinese Medicine Council to join the Partnership Group and provided shared service assistance to the Council during this year.

#### Note 10 - Commitments and Contingencies

On the 15 August 2023 the Council signed a Service Level Agreement with Nursing Council of New Zealand. Under this agreement Nursing Council provides property, facilities and finance & payroll services to the Council. This agreement is effective from 1 April 2023 to 3 February 2028.

	<b>2025</b>	<b>2024</b>
	<b>\$</b>	<b>\$</b>
Due in 1 year	15,550	15,550
Due between 1-2 years	15,550	15,550
Due between 2-5 years	12,958	31,100
	<b>44,058</b>	<b>62,200</b>

#### Note 11 - Contingent Liabilities and Guarantees

There are no contingent liabilities or guarantees at balance date. (2024: \$Nil)

#### Note 12 - Events After the Balance Date

There were no events that have occurred after balance date that would have a material impact on the Performance Report.

## INDEPENDENT AUDITOR'S REPORT

### TO THE READERS OF THE CHINESE MEDICINE COUNCIL'S PERFORMANCE REPORT FOR THE YEAR ENDED 31 MARCH 2025

The Auditor-General is the auditor of the Chinese Medical Council (the Council). The Auditor-General has appointed me, Chrissie Murray, using the staff and resources of Baker Tilly Staples Rodway Audit Limited to carry out the audit of the performance report of the Council, on his behalf.

#### Opinion

We have audited the performance report of the Council that comprises the statement of financial position as at 31 March 2025, the statement of financial performance, statement of cash flows for the year ended on that date and the notes to the performance report that include the statement of accounting policies and other explanatory information.

In our opinion, the performance report of the of the Council:

- present fairly, in all material respects:
  - its entity information and financial position as at 31 March 2025; and
  - its financial performance and cash flows for the year then ended; and
- complies with generally accepted accounting practice in New Zealand in accordance with Public Benefit Entity Tier 3 Reporting Standards (Public Sector).

Our audit was completed on 30 September 2025. This is the date at which our opinion is expressed..

The basis for our opinion is explained below. In addition, we outline the responsibilities of the Council and our responsibilities relating to the performance report and we explain our independence.

#### Basis for our opinion

We carried out our audit in accordance with the Auditor-General's Auditing Standards, which incorporate the Professional and Ethical Standards and the International Standards on Auditing (New Zealand) issued by the New Zealand Auditing and Assurance Standards Board. Our responsibilities under those standards are further described in the Responsibilities of the auditor section of our report.

We have fulfilled our responsibilities in accordance with the Auditor-General's Auditing Standards.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### **Responsibilities of the Council for the performance report**

The Council members are responsible for preparing the performance report that is fairly presented and that complies with generally accepted accounting practice in New Zealand.

The Council members are responsible for such internal control as they determine is necessary to enable the preparation of performance report that is free from material misstatement, whether due to fraud or error.

In preparing the performance report, the Council members are responsible for assessing the Council's ability to continue as a going concern. The Council members are also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting, unless there is an intention to wind-up the Council or to cease operations, or have no realistic alternative but to do so.

The Council's responsibilities arise from the Health Practitioners Competence Assurance Act 2003 and the Charities Act 2005.

### **Responsibilities of the auditor for the audit of the performance report**

Our objectives are to obtain reasonable assurance about whether the performance report, as a whole, are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit carried out in accordance with the Auditor-General's Auditing Standards will always detect a material misstatement when it exists. Misstatements are differences or omissions of amounts or disclosures, and can arise from fraud or error. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of readers taken on the basis of these performance report.

We did not evaluate the security and controls over the electronic publication of the performance report.

As part of an audit in accordance with the Auditor-General's Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. Also:

- We identify and assess the risks of material misstatement of the performance report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- We obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Council's internal control.
- We evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Council.
- We conclude on the appropriateness of the use of the going concern basis of accounting by the Council and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Council's

ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the performance report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Council to cease to continue as a going concern.

- We evaluate the overall presentation, structure and content of the performance report, including the disclosures, and whether the performance report represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Council regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Our responsibilities arise from the Public Audit Act 2001.

### **Independence**

We are independent of the Council in accordance with the independence requirements of the Auditor-General's Auditing Standards, which incorporate the independence requirements of Professional and Ethical Standard 1: *International Code of Ethics for Assurance Practitioners* issued by the New Zealand Auditing and Assurance Standards Board.

Other than the audit, we have no relationship with, or interests in, the Council.



Chrissie Murray  
Baker Tilly Staples Rodway Audit Limited

On behalf of the Auditor-General  
Wellington, New Zealand





Chinese Medicine Council  
of New Zealand  
新西兰中医管理局